

DCFS Spot Check

Name of Program: _____

Address: _____

Date: _____ Clock Time: _____

Items	Notes
Staff to Client Ratio 1:4 1:6 How they are supervising youth	
Daily Schedule and Actual Activities	
*Fire Extinguisher/ *Fire Evacuation Plan	Yes/No Yes/No
*Smoke Detectors	Yes/No
*First-Aid Kits	Yes/No
*Locked Medication	Yes/No
Overall Cleanliness of the Placement	Yes/No
General Observations of Visit	
Personnel File: BCI CPR and First-Aid certifications	Expires Expires
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*Child-Placing and YAC Only

Revised 6/20/2014